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2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT May 01, 2006 08:00 Al Secretary of State DOCUMENT # P04000002177 SHULAR CONSTRUCTION, INC. Principal Place of Business Mailing Address 2901 ALLISON DR 2901 ALLISON DR ORLANDO, FL 32826 ORLANDO, FL 32826 04292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3777938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SHULAR, JEFFREY L DO NOT WRITE 2901 ALLISON DR ORLANDO, FL 32826 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NCTE: Regelered Agent agneture required when remetating) 000000545168 \$5.00 May 8e 9. Election Campaign Financing 05/11/06-80067-006 150.00 FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHULAR, JEFFREY L NAME 2901 ALLISON DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32826 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-51-772 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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